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FACSIMILE TRANSMISSION

Date:	29 July 2005	Pages:	26
To:	Examiner Michael J. Zanelli	From:	Brian C. Altmiller
Company:	USPTO, Art Unit 3611		
Fax No.:	571-273-8300		
Subject:	Response to Office Action: App. Serial No. 10/279,936 (Atty. Dkt. 01-516)		

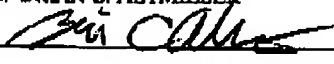
Comments:

Applicant: ITO et al. Serial No.: 10/729,936 Filed: 12/9/2003 Title: MAP EVALUATION SYSTEM, COLLATION DEVICE, AND MAP EVALUATION DEVICE	Atty. Dkt.: 01-516 Art Unit: 3661 Examiner: ZANELLI Confirmation No.: 2400
Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office Customer Window, Mail Stop Amendment Randolph Building 401 Dulany St. Alexandria, VA 22314	Date: 29 July 2005

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on July 29, 2005, to the attention of Examiner Michael J. Zanelli of AU 3661.

Typed Name: BRIAN C. ALTMILLER

Signature: 

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This Form Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/729,938
		Filing Date	December 9, 2003
		First Named Inventor	ITO
		Group Art Unit	3681
		Examiner Name	Michael J. Zanelli
		Attorney Docket Number	1-518

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavite/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):	
Remarks			

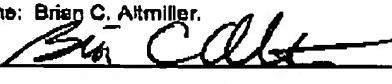
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pozz Law Group, PLC BRIAN C. ALTMILLER (Reg. No. 37,271)
Signature	
Date	29 JULY 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-6300) on this date: July 29, 2005 to the attention of Examiner Michael J. Zanelli, Art Unit 2856.

Typed Name: Brian C. Altmiller.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
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Effective on 12/3/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
170

Complete if Known

Application Number	10/728,938
Filing Date	December 9, 2003
First Named Inventor	ITO
Examiner Name	Michael J. Zanelli
Art Unit	3881
Attorney Docket No.	1-618

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Pozz Law Group, PLC				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	180	80	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)	Fee (\$)
	18	9
	88	44
	300	150

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
21	- 20 or HP = 1	x \$50	= \$50			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
8	- 8 or HP = 0	x \$200	= \$0			
HP = highest number of independent claims paid for, if greater than 8						

3. APPLICATION SIZE FEEIf the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One Month Extension of Time

\$120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,271	Telephone (703) 707-8110
Name (Print/Type)	BRIAN C. ALTMILLER	Date	July 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Serial No.: 10/729,936	Art Unit: 3661
Filed: 12/9/2003	Examiner: ZANELLI
Title: MAP EVALUATION SYSTEM, COLLATION DEVICE, AND MAP EVALUATION DEVICE	Confirmation No.: 2400

Mail Stop Amendment
Commissioner for Patents
U.S. Patent and Trademark Office
Customer Window, Mail Stop Amendment
Randolph Building
401 Dulany St.
Alexandria, VA 22314

Date: 29 July 2005

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Typed Name:	BRIAN C. ALTMILLER
Signature:	

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed April 21, 2005, the period for response to which has been extended through August 22, 2005, (August 21, 2005, being a Sunday) by the filing of a petition for extension of time, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

08/02/2005 MBINAS 80000012 501147 10729936
02 FC:1202 50.00 DA

Remarks begin on page 16 of this paper.